



NSAA 2017 Volleyball State Championship Ticket Order Form

Return this form, with payment for tickets and \$1.00 handling charge, to the NSAA, 500 Charleston Street, Suite 1, Lincoln, NE 68508. These tickets may be used at any site, any session and are *subject to capacity*. *Admittance is not guaranteed*. Moving from one site to another within a session will require an additional ticket. No refunds will be made on these pre-sale tickets.

Using the schedule below, determine the number of **SESSIONS** (each day is 1 session) for which you will need adult tickets and students tickets. Determine the total cost plus the \$1.00 handling charge. Orders filled by mail must be received by November 3rd.

CHAMPIONSHIP DATES –November 9, 10, 11, 2017

| Day | Time | Pinnacle Bank Court 1 | Pinnacle Bank Court 2 | Lincoln North Star | Lincoln Southwest | Lincoln East | Lincoln Northeast | Adult | Student |
|-------------------------------------------------|------------------------------|-----------------------|-----------------------|---------------------------------------------------------|--------------------------|--------------|---------------------------|---------------|---------------|
| Thursday | | | | | | | | \$7.00 | \$5.00 |
| Session 1 | 1:30pm | A | B | C1 | C2 | D1 | D2 | | |
| | 3:30pm | A | B | C1 | C2 | D1 | D2 | | |
| | 5:30pm | A | B | C1 | C2 | D1 | D2 | | |
| | 7:30pm | A | B | C1 | C2 | D1 | D2 | | |
| Friday | | | | | | | | | |
| Session 2 | 9:00am | D2 | D1 | | | | | | |
| | 11:00am | D2 | D1 | | | | | | |
| | 1:00pm | C2 | C1 | | | | | | |
| | 3:00pm | C2 | C1 | | | | | | |
| | 5:00pm | A | B | | | | | | |
| | 7:00pm | A | B | | | | | | |
| Saturday | Devaney Sports Center | | | | Lincoln Southeast | | | | |
| Session 3 - Championship Matches | 9:00am | D2 | | Session 3 - 3rd Place Matches | 9:00am | C1 | | | |
| | 11:00am | D1 | | | 11:00am | D2 | | | |
| | 1:00pm | C2 | | | 1:00pm | D1 | | | |
| | 3:00pm | C1 | | | 3:00pm | C2 | | | |
| | 5:00pm | B | | | | | | | |
| | 7:00pm | A | | | | | | | |
| | | | | | | | Total Tickets: | | |

Payment Information (please indicate which form of payment will be used)

_____ Cash _____ Credit Card (\$2.50 convenience charge)

**Personal Checks will not be accepted.*

Ticket Charges: \$ _____

Handling Charge: \$ _____ **+1.00**

Total Enclosed: \$ _____

Cardholder: _____

Card Number: _____ **Expiration:** _____ **CVV Code:** _____

Card Type (please circle): **VISA** **Mastercard** **Discover** **American Express**

Billing Address: _____

City, State, ZIP: _____

Phone: _____ **Email:** _____

Mail tickets to:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

| FOR NSAA USE ONLY |
|--------------------------|
| Amt: |
| Pynt: |
| Date: |
| Tix No.: |